

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8283

State File No.

BIRTH NO.		REG. DIST. NO. <u>126</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>299</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon mo. 0532</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>300X Jefferson</u>			
3. NAME OF DECEASED a. (First) <u>Clarence</u> b. (Middle) <u>Howell</u> c. (Last) <u>Foyant</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. PREVIOUS MARRIAGE <u>Widowed</u> (Specify)		8. DATE OF BIRTH <u>April 21 1876</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>merchant</u>		11. BIRTHPLACE (State or foreign country) <u>mo.</u>	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME <u>Alfred Foyant</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Jones (dec.)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Sullivan Jones Lebanon mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign hypertrophy of prostate with uremia due to retention</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>1 Diabetes mellitus. 2 Arteriosclerotic heart disease.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>6/10X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-28</u> , 19 <u>50</u> , to <u>3-29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-29</u> , 19 <u>50</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. L. T. M.D.</u> (Degree or title)				23b. ADDRESS <u>Springfield, mo.</u>		23c. DATE SIGNED <u>3/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/31/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-31-50</u>		REGISTRAR'S SIGNATURE <u>W. L. T. M.D.</u>		FURNERAL DIRECTOR'S SIGNATURE <u>DR. Galt</u>		ADDRESS <u>Lebanon mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Signed.....

S. R. Palmer

Signed.....

Student Embalmer

Licensed Embalmer No. *2208*

P. O. Address *Liberty mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.